

DAILY TIME RECORD **ARRIBADO, JEROME O.** (NAME)

For the month of
May 1 - 31, 2025

Official hours for arrival and departure
8:00AM - 5:00PM

| Day | AM | | PM | | T/U | Total |
|--------|------|-------|-------|------|--------|-------------|
| | IN | OUT | IN | OUT | | |
| 1-THU | | | | | | Holiday |
| 2-FRI | 7:59 | 12:00 | 12:23 | 5:04 | | 8hrs |
| 3-SAT | | | | | | Off |
| 4-SUN | | | | | | Off |
| 5-MON | 7:07 | 12:03 | 12:25 | 5:01 | | 8hrs |
| 6-TUE | 7:56 | 12:46 | 12:49 | 5:01 | | 8hrs |
| 7-WED | 7:16 | 12:09 | 12:18 | 5:02 | | 8hrs |
| 8-THU | 7:08 | 12:06 | 12:16 | 5:00 | | 8hrs |
| 9-FRI | 8:04 | 12:02 | 12:10 | 5:55 | 4mins | 7hrs 56mins |
| 10-SAT | | | | | | Off |
| 11-SUN | | | | | | Off |
| 12-MON | | | | | | Holiday |
| 13-TUE | 8:12 | 12:56 | 12:59 | 5:07 | 12mins | 7hrs 48mins |
| 14-WED | | | | | | SLP |
| 15-THU | 7:05 | 12:52 | 12:55 | 5:01 | | 8hrs |
| 16-FRI | 8:12 | 12:00 | 12:02 | 5:03 | 12mins | 7hrs 48mins |
| 17-SAT | | | | | | Off |
| 18-SUN | | | | | | Off |
| 19-MON | 7:44 | 12:51 | 12:56 | 5:00 | | 8hrs |
| 20-TUE | 7:30 | 12:03 | 12:08 | 5:00 | | 8hrs |
| 21-WED | 7:54 | 12:02 | 12:28 | 5:12 | | 8hrs |
| 22-THU | 7:58 | 12:01 | 12:04 | 5:00 | | 8hrs |
| 23-FRI | 7:35 | 12:50 | 12:52 | 5:11 | | 8hrs |
| 24-SAT | | | | | | Off |
| 25-SUN | | | | | | Off |
| 26-MON | 7:39 | 12:01 | 12:04 | 5:00 | | 8hrs |
| 27-TUE | 7:53 | 12:01 | 12:05 | 5:07 | | 8hrs |
| 28-WED | 7:31 | 12:54 | 12:56 | 5:02 | | 8hrs |
| 29-THU | 7:45 | 12:02 | 12:08 | 5:03 | | 8hrs |
| 30-FRI | | | | | | OB |
| 31-SAT | | | | | | OB |

I CERTIFY on my honor that the above is true and correct report of the hours of work performed record of which was made daily at the time of arrival at and departure from office.


JEROME O. ARRIBADO

VERIFIED as to prescribed office hours


SUZETTE B. LINA

Department Head
Faculty of Agriculture and Food Science



Republic of the Philippines
VISAYAS STATE UNIVERSITY
 Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

| | | | |
|--------------------------|----------------------|---------------|---------------------|
| 1. OFFICE/DEPT./DIVISION | Name (Last) | (First) | (Middle) |
| Eco-FARMI | Arribado | Jerome | Orcales |
| 3. DATE OF FILING | 4. POSITION | | 5. SALARY (Monthly) |
| 05/13/2025 | Instructor II | | |

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF:

- ☐ Adoption
☐ Mandatory/Force
☐ Maternity - 7 days Transferable to father/alternate caregiver
☐ Maternity - additional 15 days for single mother
☐ Monetization
☐ Parental (Solo Parent)
☐ Paternity
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Sick
☐ Special Emergency (Calamity)
☐ Special Leave Benefits for women
☒ Special Leave Privileges
☐ Study
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)
☐ Vacation

Others: _____

6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:
☒ Within the Philippines : Celebrate Mother's Birthday
☐ Abroad (Pls. Specify) :

In case of Sick leave:
☐ In Hospital (Pls. Specify) :
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:
 (Specify Illness)

In case of Study leave:
☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:
☐ Monetization of Leave Credits
☐ Terminal Leave

6.c NUMBER OF WORKING DAYS APPLIED FOR

1 day
 Inclusive Dates

05/14/2025 - 05/14/2025

6.d COMMUTATION

☒ Requested ☐ Not Requested

ARRIBADO, JEROME O.

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS

AS of: May 2025

| | Vacation Leave | Sick Leave |
|-----------------------|----------------|------------|
| Total Earned | | |
| Less this Application | | |
| Balance | | |

FLORANTE G. DIDAL

Payroll and Leave Benefits Office

7.b RECOMMENDATION:

- ☐ For Approval
☐ For Disapproval due to:

SUZETTE B. LINA

Faculty of Agriculture and Food Science

7.c APPROVED FOR:

___ day(s) with pay ___ day(s) without pay
 Others (Specify):

7.d DISAPPROVED due to:

PROSE IVY G. YEPES

(Printed Name and Signature)
 University President